

Name: \_\_\_\_\_

## ☐ Individualized Plan for Employment (IPE) - Amendment of Job Goal at Outcome

My Individualized Plan for Employment (IPE)-Job Goal is being changed as I have obtained employment in a different job goal. This position is within my strengths, priorities, concerns, abilities, capabilities, career interests, resources, and informed choices. I agree to this amendment of my employment goal.

**Job Goal:** \_\_\_\_\_

\_\_\_\_\_  
Your Signature\_\_\_\_\_  
Date\_\_\_\_\_  
Vocational Rehabilitation Contact\_\_\_\_\_  
Parent, Guardian, or Representative\_\_\_\_\_  
Date\_\_\_\_\_  
Vocational Rehabilitation Approval\_\_\_\_\_  
Date

## ☐ Individualized Plan for Employment (IPE) - Amendment Termination of Service

Termination Action by:	Service(s)	Reason for Termination
VR		
Provider(s)		

I understand that by signing this amendment I am acknowledging that VR has explained to me the reason for termination of service(s). I understand I may appeal this decision by filing a petition for an impartial review. Using the Nebraska Department of Education's Rule 71 (Title 92, Nebraska Administrative Code, Chapter 71) an impartial hearing officer will conduct this review. I may ask VR or the Client Assistance Program for a copy of this rule, or I can get a copy at <http://www.nde.state.ne.us/LEGAL/cover71A.html>. Rule 71 contains a sample petition form. My petition must tell the factual reasons why I want the review and concisely tell the solution I want. I must submit my petition within 30 calendar days of the date I sign this form. My petition with a copy of this written decision can be mailed to:

Impartial Hearing Coordinator

Vocational Rehabilitation

PO Box 94987

Lincoln, NE 68509

I may get in touch with the Client Assistance Program (CAP) if I would like to receive advice about my rights and responsibilities with respect to this termination. CAP can be contacted by calling 1-800-742-7594 or writing to CAP at P.O. Box 94987, Lincoln, NE 68509.

If I want mediation of this decision, I may contact the Regional Mediation Center serving my county. I can ask VR or CAP for a list. Both VR and I must volunteer to take part in mediation. A qualified and impartial mediator who is trained in mediation techniques will conduct the mediation.

\_\_\_\_\_  
Your Signature\_\_\_\_\_  
Date\_\_\_\_\_  
Vocational Rehabilitation Contact\_\_\_\_\_  
Parent, Guardian, or Representative\_\_\_\_\_  
Date\_\_\_\_\_  
Vocational Rehabilitation Approval\_\_\_\_\_  
Date